

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-16-9</u> the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

2017 JAN 2	
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1. Entity ID Number	Exact Name of the Limited Liability Company		
	DULAN TRANSportation	llC	
3. The fictitious business nam	ne to be used is:		
Dulan-	Trucking		
4. The limited liability compan	y is organized under the laws of:	5. The date of formation is:	
RI		1/24/2017	
6. Applicant is otherwise auth	orized to do business in the state of Rhode Island.		
Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.			
Name of Applicant Limited Lia	bility Company	Date,	
Dulan To	consportation, UC	1/24/2017	
Signature of Authorized Perso	on		
Mule	SIGN DOCUMENT HERE		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov

JAN 2 4 2017
BY 13917338